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## BIB DATA SHEET

CONFIRMATION NO. 8054

<b>SERIAL NUMBER</b> 10/712,260	<b>FILING or 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 264	<b>GROUP ART UNIT</b> 1791	<b>ATTORNEY DOCKET NO.</b> P69290US0	
<b>APPLICANTS</b> Signe Thorning Mejlhede, Svinninge, DENMARK; Steffen Gyrn, Ringsted, DENMARK; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/11/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JILL LYNNE HEITBRINK/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> JACOBSON HOLMAN PLLC 400 SEVENTH STREET N.W. SUITE 600 WASHINGTON, DC 20004 UNITED STATES					
<b>TITLE</b> Injection moulding of a catheter					
<b>FILING FEE RECEIVED</b> 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		